

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.	3		2		2	
TOTAL DEP.	0		1		1	
TOTAL CLAIMS	2					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			2		2	
TOTAL DEP.			1		1	
TOTAL CLAIMS			2		2	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**BEST AVAILABLE COPY**